

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4						
5		1				
6		2				
7		2				
8		1				
9		2				
10		2				
11						
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20						
21						
22						
23						
24						
25		1				
26		1				
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46						
47						
48						
49						
50						

TOTAL IND.

13

13

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→

14

14

TOTAL IND.

100

100

→

TOTAL DEP.

100

100

→

TOTAL CLAIMS

100

100

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